Los Alamos Awards Program (LAAP) Nomination Form

Submit completed form to HR-1, MS P280

Section 1: Award Nominee Information

Type of Award: *(Please check one)*   [ ] Individual   [ ] Team

Award Nominee	Z Number	Division	Group
Title	Pay Series/Level	Proposed Award Amount	
NOTE: *For team nominations, please attach a listing of team members with each individual employee information (see attached supplement sheet).*			

Breath of Impact: [ ] Organizational   [ ] Cross-Organizational   [ ] Laboratory and Beyond
(CHECK ONLY ONE)

Section 2: Nominator Information

Name	Title	Group
Signature		Date

Section 3: Funding

A. Organization	Cost Center	Program Code	Cost Account	Work Package	Amount
B. Organization	Cost Center	Program Code	Cost Account	Work Package	Amount

Section 4: Approvals   **[ ] Approved**   **[ ] Disapproved**

A. Division/Program Director Signature	Organization	Date
B. Division/Program Director Signature	Organization	Date

For HR Use Only   *Review/Coordination*

HR Generalist/HR Contact Signature			Date
Date of Presentation	Date Check Requested for Pick Up	Contact for Pick Up	Phone No.

Check each category as it relates to award: [ ] Safety   [ ] Security   [ ] Worklife

[ ] Cost Savings   [ ] Process Improvements   [ ] Other_____

Compensation & Benefits Review	Date

Section 5: Justification to support nomination: Specific accomplishment being recognized and briefly explain how the achievement exceeds expectations or goals as previously defined.

Section 6: Breadth of Impact: Explain briefly how this achievement contributed to the fulfillment of Organizational, Cross-Organization, or Laboratory-wide goals/objectives in support of the category previously identified on page 1 of the nomination form.

Los Alamos Awards Program (LAAP)
Supplemental Sheet

Team Name: _____

_____ **Total Team Members:** _____

Funding

A. Organization	Cost Center	Program Code	Cost Account	Work Package
B. Organization	Cost Center	Program Code	Cost Account	Work Package

Name	Z Number	Group	Pay Series/Level	Award Amount
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